Erie St. Clair **LHIN**

Getting Better Together

Annual Report 2009–2010

Ontario

Erie St. Clair Local Health Integration Network

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Message from the Chair and CEO

In 2009–2010, the Erie St. Clair Local Health Integration Network (ESC LHIN) continued to establish its presence, define its role and improve the local health care system.

The ESC LHIN's achievements include:

- lowering wait times for hospital services
- reducing the number of Alternate Level of Care (ALC) days in order to free up hospital beds and improve patient flow
- improving support systems for seniors and their caregivers by adding new community- and hospital-based services
- helping the health care system function more smoothly by fostering the efforts of health service providers to collaborate more closely

The end of the 2009–2010 fiscal year sees the transition from the ESC LHIN's first Integrated Health Service Plan (IHSP) to its second. Where the first plan reflected a need to grow into the role of managing nearly $1 billion of local health care services, the second plan (ISHP 2: Navigating Change in the Right Lane) reflects the ESC LHIN's maturation as an organization. The plan for the next three years is designed to strengthen ALC performance, emergency department care, diabetes and chronic disease management, rehabilitation care, and services for mental health and addictions.

The ESC LHIN remains committed to local health care and realizing the vision that guides its work: creating a system that keeps people healthy, delivers good care when they are sick, and will be there for their children and grandchildren.

Mina Grossman-Ianni
Chair

Gary Switzer
Chief Executive Officer

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Introduction to the Erie St. Clair LHIN

The Erie St. Clair Local Health Integration Network (ESC LHIN) is one of 14 LHINs across Ontario. Like all LHINs, it is a community-based, not-for-profit organization funded by the Ministry of Health and Long-Term Care (MOHLTC). The ESC LHIN's mandate is to plan, fund and co-ordinate nearly $1 billion in health care services annually.

The health care delivered in Erie St. Clair is planned locally, and meets specific local needs based on input from the participation of local communities. A Board of local decision makers guides the ESC LHIN.

Here, as elsewhere in Ontario, ESC LHIN-funded services are delivered by:

- hospitals
- long-term care homes
- community care access centres (CCACs)
- community support service agencies
- mental health and addiction agencies
- community health centres (CHCs)

Population Profile (2006 Census, Statistics Canada)

Community	Population	Largest Urban Centre	Profile
Windsor/Essex	393 400	Windsor	Francophone: 3.6% Immigrant: 22.4% Senior: 13.3% Aboriginal: 1.6%
Chatham-Kent	108 590	Chatham	Francophone: 3% Immigrant: 10.1% Senior: 15.9% Aboriginal: 2.5%
Sarnia/Lambton	128 205	Sarnia	Francophone: 2.5% Immigrant: 11.6% Senior: 16.9% Aboriginal: 4.6%

Population Health Profile

The health service needs of Erie St. Clair residents are significantly different from those of the Ontario population as a whole. Compared to the Ontario average, Erie St. Clair has:

- a higher proportion of seniors
- a lower proportion of individuals in the 25–39-year age group
- a significantly higher incidence of overweight and obese individuals
- a slightly higher proportion of individuals with poor lifestyle habits, such as smoking, drinking, poor nutrition and inactivity
- significantly higher rates of chronic conditions, such as cardiovascular diseases, cerebrovascular diseases, diabetes, high blood pressure, chronic obstructive pulmonary disease (COPD) and arthritis
- significantly higher rates of hospitalization, potential years of life lost, and death due to higher rates of tumours and circulatory disease

Service Area

The ESC LHIN serves Chatham-Kent, Sarnia/Lambton and Windsor/Essex, an area with a population of approximately 649,000 people. Although these regions are independent, each with unique qualities, they also share many characteristics.

The Erie St. Clair region is surrounded by the Great Lakes. The area's urban-rural mix depends economically, in large part, on agriculture, petro-chemical, and automotive industries. Having American neighbours not only influences local economy and trade, but also affects the use and perception of health care.

Of the total ESC LHIN population, approximately 3%, or 18,000* individuals, identify themselves as Aboriginal, with the highest proportion residing in Sarnia/Lambton.

**Note: Not all First Nation communities participated in the 2006 Aboriginal Census. As a result, exact percentages and figures are not available.*

Integrated Health Service Plan Implementation

The Integrated Health Service Plan (IHSP), the ESC LHIN's guiding document, enables transformation within the local health care system. The three-year plan was approved by the ESC LHIN Board of Directors in November, 2006, with implementation starting in the 2007–2008 fiscal year.

The IHSP was developed with the following aims in mind:

- increasing access
- increasing quality
- improving cost-effectiveness
- increasing system orientation

After assessing the state of the local health care system and the characteristics of the population, the ESC LHIN developed eight strategic integration directions. The directions guide the ESC LHIN's work to improve the local health care system.

2006–2009 IHSP Strategic Directions

1. Chronic disease management
2. Reducing dependence on hospital-based services
3. Supporting people at home
4. Health promotion and illness prevention
5. System navigation
6. Back office/administrative integration
7. Timely access to appropriate care and services
8. Health human resources

The IHSP was implemented through the following initiatives:

- continuing to support an ESC LHIN-wide Chronic Disease Management Integration Leadership Team
- continuing to support an ESC LHIN-wide Emergency Department/Medical Programs Network
- continuing to support an ESC LHIN-wide Mental Health and Addictions Network
- continuing to support an ESC LHIN-wide Surgical Network
- supporting a primary-care Community Health Centre tactical team
- supporting the ESC LHIN Critical-Care Lead and ED Lead initiatives
- supporting the province-wide Flow Collaborative in Essex and Lambton Counties
- creating ongoing linkages between the IHSP and the Aging at Home initiative

The first IHSP succeeded in becoming a mechanism for developing horizontal and vertical integration decisions and implementation.

Aging at Home investments, Urgent Priority Funds and the logic behind program development used the IHSP as the core criteria for decision making and executing ESC LHIN specific projects.

In addition to completing the initiatives of the first IHSP, staff began work on the second IHSP. Building on the work of the first IHSP, IHSP 2 narrows the strategic focus of the ESC LHIN to the following five priorities:

2010–2013 Strategic Priorities

1. Alternate Level of Care
2. Emergency Department Care
3. Diabetes and Chronic Disease Management
4. Mental Health and Addictions
5. Rehabilitation

Integration Activities

The following formal integration activities were facilitated by the ESC LHIN in 2009–2010:

- Tecumseh Seniors Transit Incorporated transferred its transportation services to Lakeshore Community Services Incorporated
- Sandwich Community Health Centre Inc. and The Phoenix Wholistic Health Centre (The Teen Health Centre) integrated into a single organization
- Brain Injury Association of Chatham-Kent and Sarnia-Lambton Stroke Recovery Association were integrated into a single organization
- Canadian Mental Health Association Lambton County Branch and Canadian Mental Health Association Chatham-Kent Branch integrated into a single organization

Community Engagement

Aboriginal Engagement

The ESC LHIN Aboriginal Community Engagement Funds and the Federal Aboriginal Health Transition Funds were used to undertake several local community engagement initiatives.

In a collaborative effort, the ESC and Southwest LHINs employ an Aboriginal liaison staff member to engage local Aboriginal communities in health care service improvement initiatives.

A committee of local Aboriginal health care professionals and stakeholders was formed and met on a bi-monthly basis. The committee's role was to provide input to address planning and co-ordination initiatives specifically focused on improved health care outcomes for the Aboriginal population.

Additionally, CEO meetings were held with local Aboriginal Chiefs, ESC LHIN planners collaborated with local Aboriginal communities to fund the Aging at Home Initiative, and the ESC LHIN Aboriginal Committee provided context for, and insight into, the development of the IHSP 2.

Two full-day planning sessions were held with local Aboriginal health care providers and stakeholders to identify specific Aboriginal health care needs and improvement strategies in the areas of diabetes and mental health and addictions. The input from the sessions will help inform future ESC LHIN planning initiatives and investments as they relate to MOHLTC and local priorities.

Francophone Engagement

The ESC LHIN used the French Language Services engagement funds for many initiatives. The Comité action santé d'Erié St-Clair was formed and utilized to help create the IHSP 2 to ensure planning for addressing French-specific issues. A partnership between the ESC LHIN and the ESC CCAC led to a bilingual Health Care Connect event where community members were engaged by radio, in person and online in both French and English. Education materials, such as the "Getting, Doing, Staying, Better" brochure, the IHSP 2, and many media campaigns have been translated and developed in French to ensure this population has access to these materials.

The ESC LHIN continues its enhancement of French resources and content on the ESC LHIN website. This ongoing project, and many others, will continue into 2010–2011 due to an extension from the MOHLTC to use the remaining funds.

Community Engagement (continued)

Key Initiatives

	Total Participants	Frequency	Format	Context	Outcome
Governance	146	11	Open Board meetings	Monthly meetings of the Board to address the governance of ESC LHIN and official matters	Transparent governance proceedings with 146 participants over 11 meetings
	96	9	Governance Advisory Council meetings	Tri-County Councils with governance representatives from all funded health service providers	Enhancement of governance capacity and greater integration among health service providers
		11	Board meeting highlights	Concise document capturing highlights from Board meetings for broad distribution and web posting	Increased awareness of Board proceedings and media coverage of important matters
Planning and Integration	14	6	Alternate Level of Care Network		Ambulation projects at Hôtel-Dieu Grace Hospital
	13	2	Diabetes Network		Diabetes Education Team expansion in all three ESC LHIN regions A Regional Co-ordination Centre for diabetes
	13	5	Emergency Department/ Medicine Advisory Network	Provider- and stakeholder-based networks that provide support for system planning and integration	Pay-for-Results program at Windsor Regional Hospital
	6	2	End-Of-Life Network		Revised ESC LHIN End-Of-Life Network, and made recommendations for the creation of a 3rd End-Of-Life team
	12	1	Mental Health and Addictions Network		Recommended a task force be created to address Tier 2 and 3 Mental Health System divestment
	8	2	Surgical Advisory Network		Work done at the provincial level
	105	3	Health Professionals Advisory Network	Network provides advice on patient-centred health care, including innovation in health service delivery and the utilization of health human resources	Strategies for the IHSP 2 that provided insight into the key implementation priorities
	70	4	Sarnia/Lambton Performance Forum	Regional health service provider and stakeholder meetings to improve integration and collaboration in health services	Greater communication and understanding of ESC LHIN performance requirements
	7	4	Geriatric Emergency Management (GEM) Working Group	Working group to plan and co-ordinate the launch of the GEM RN Program in ESC LHIN hospitals	Geriatric Emergency Management (GEM) nurses added to five hospital sites
	12	2	Tier 2 and 3 Mental Health System Redesign Task Force	Task Force to plan for the divestment of regional mental health services to ESC LHIN provider agencies	In progress
	18	4	Home Maintenance and Repair Working Group	Working group to plan and co-ordinate the launch of Home Maintenance and Repair services in Erie St. Clair	Collaborations between the Centre for Seniors and the City of Windsor resulting in successful seasonal programs aiding frail seniors, such as snow removal and yard work services

Community Engagement (continued)

	Total Participants	Frequency	Format	Content	Outcome
IHSP 2	13	13	Key informant interviews	Third-party key informant interviews, designed to test the planning priorities and receive initial feedback	Information provided to support IHSP 2 planning and the selection of its strategic directions
	219	11	Consumer focus groups	Consumers with diabetes or mental health and addictions illness were identified and engaged through consultations	Information provided to support IHSP 2 planning and the selection of its strategic directions
	77	7	Stakeholder consultations	Groups representing priority populations and stakeholder groups were engaged through consultations	Information provided to support IHSP 2 planning and the selection of its strategic directions
	90	35	Network action planning	The ESC LHIN advisory networks leading planning for short- and long-term action plans in support of the IHSP 2	Action plans developed to support each of the five strategic directions confirmed for the IHSP 2
	200	3	Workshops	Workshops to receive feedback on the IHSP 2 90-day action plans	Feedback received to support the refinement of action plans
	73		Facebook	Social networking forum to engage community members online with questions related to the IHSP 2	Seventy-three people engaged through the online forum
Francophone	10	2	Comité action santé d'Erié St-Clair	Committee of local Francophone stakeholders	Information provided to support IHSP 2 planning and the selection of its strategic directions
Aboriginal	11	8	Local Aboriginal Health Planning Committee	A committee of local Aboriginal health care professionals and stakeholders	Input received to address initiatives focused on improved health care for the Aboriginal population Two one-day conferences on diabetes, and mental health and addictions
	41	1	Aboriginal Diabetes Engagement Conference	Conferences to identify priorities for future diabetes and mental health and addictions initiatives	Input received to help inform future ESC LHIN planning initiatives and investments
	40	1	Aboriginal Mental Health and Addictions Engagement Conference		Input received to help inform future ESC LHIN planning initiatives and investments
Media		24	News releases	Communications related to funding announcements and other initiatives	Media engagement was linked to approximately 439 media impressions in 2009–2010
		57	Media interviews	Media interviews given in association with news releases and information requests	
Website	45,441		Visits	Total number of visitors using the ESC LHIN website as a source of information	Increased the visibility of the ESC LHIN and engaged the community with interactive content
	163,400		Page views	Total number of pages viewed by visitors to the ESC LHIN website	
Conference	250	1	Conference Presentation	Provided group session learning and group networking opportunities for our health service providers and stakeholders	Increased interaction between health service providers and stakeholders and also improved skill sets through the information shared during the group sessions

What is the MLAA?

The Ministry LHIN Accountability Agreement (MLAA) sets out the obligations of Ministry of Health and Long-Term Care (MOHLTC) and the ESC LHIN to fulfill their mandate to plan, integrate and fund local health care services.

Developing and updating this accountability agreement is a collaborative process that defines the relationship between the MOHLTC and the ESC LHIN and helps them to strengthen local health care.

Report on MLAA Performance Indicators Chart

PI #	Performance Indicator	LHIN Starting Point 2009/10	Provincial Target	Q4 2009/10	FY 2009/10	LHIN Performance Target – 2009/10	LHIN Met Target – Within Corridor (YES/NO)
1	90th Percentile Wait Times for Cancer Surgery	51	84	53	48	45	YES
2	90th Percentile Wait Times for Cataract Surgery	78	182	64	56	78	YES
3	90th Percentile Wait Times for Hip Replacement	162	182	124	132	162	YES
4	90th Percentile Wait Times for Knee Replacement	199	182	118	142	182	YES
5	90th Percentile Wait Times for Diagnostic MRI Scan	81	28	58	70	36	NO
6	90th Percentile Wait Times for Diagnostic CT Scan	44	28	28	26	44	YES
7	Median Wait Time to Long-Term Care Home Placement – All Placements	98	50	85	92	75	YES
8	Percentage of Alternate Level of Care (ALC) Days	10.80%	9.46%	10.66%	10.68%	9.00%	NO
9	Proportion of Admitted patients treated within the LOS target of ≤ 8 hours	59.00%	90.00%	61.59%	66.42%	62.00%	YES
10	Proportion of Non-admitted high acuity (CTAS I-III) patients treated within their respective targets of ≤ 8 hours for CTAS I-II and ≤ 6 hours for CTAS III	86.00%	90.00%	86.96%	88.64%	89.00%	YES
11	Proportion of Non-admitted low acuity (CTAS IV & V) patients treated within the LOS target of ≤ 4 hours	87.00%	90.00%	87.48%	87.92%	88.00%	NO

Review of MLAA Performance Indicators

The successes of the ESC LHIN in meeting and exceeding performance indicators have resulted from an increased focus on flexibility, flagging variances, and collaborating with health service providers to facilitate solutions.

90th Percentile Wait Times for Cancer Surgery — Positive performance results can be attributed to the vision and leadership of the Windsor Regional Cancer Centre, as it enabled a process improvement program that focuses on best practices.

90th Percentile Wait Times for Cataract Surgery — Hôtel-Dieu Grace Hospital has created a model, using LEAN and a circular process flow, for improving its overall capacity and utilization. This process serves as the template for other ESC LHIN hospitals. ESC LHIN cataract surgery patients are waiting less time than the MOHLTC wait time targets.

90th Percentile Wait Times for Hip and Knee Replacement — Positive performance indicators were the result of collaborations between surgeons and hospital staff focusing on improving the scheduling of knee and hip replacement surgeries.

90th Percentile Wait Times for Diagnostic MRI Scan — The ESC LHIN's analysis indicated that ESC hospitals were not meeting performance standards due to hospital staffing issues. To mitigate this, hospitals have trained existing staff from the radiology departments to also be proficient in MRI technology to compensate for the low number of MRI technicians. Additionally, hospitals have initiated LEAN process improvements, which have enhanced their scheduling procedures. Despite not meeting our targets, ESC LHIN continues to be the second best performer in the province.

90th Percentile Wait Times for Diagnostic CT Scan — CT wait times have improved over the year using LEAN techniques as well as system process changes to create more rapid CT scheduling.

Median Time to Long-Term Care (LTC) Home Placement — ESC LHIN's success resulted from monitoring, reporting county variances, and collaborating with the ESC CCAC. The ESC CCAC has taken an active role in addressing identified variances and ensuring that resources are in place when peak volumes are experienced. This has improved ESC LHIN wait times, particularly in the Sarnia/Lambton region.

Percentage of Alternate Level of Care (ALC) Days — The ESC LHIN is working towards achieving the Alternate Level of Care (ALC) target. The ESC LHIN has been able to reduce ALC days over the past 15 months by 5%. Reducing ALC days is a priority activity for health care in Ontario. During the year, the ESC LHIN did not require 1A designation for any hospital. This is an achievement, because a 1A designation represents a failure of the standard prioritization process for admission to long-term care homes. It is only used when there is a need to free up beds in hospitals and reduce blockages in the system.

The ALC target was improved through a combination of focused Aging at Home funding that supported community support services, End-of-Life care, a specialized team to support frail and elderly seniors, and the constant diligence of providers and ESC LHIN staff to address issues as needed. Additionally, efforts have been focused on utilization and patient flow within ESC LHIN hospitals. This includes the timely identification of patients with barriers affecting their discharge.

The Triple Aim methodology (which recognizes cost, targets improved performance for specific patient populations and focuses on improving the patient experience) presents opportunities for future improvements in ALC.

ED Length of Stay Initiative

The ED Length of Stay (LOS) initiative addresses:

- the proportion of admitted patients treated within the LOS target of ≤ 8 hours
- the proportion of non-admitted high acuity (CTAS I-III) patients treated within their respective targets of ≤ 8 hours for CTAS I-II and ≤ 6 hours for CTAS III
- the proportion of non-admitted low acuity (CTAS IV and V) patients treated within the LOS target of ≤ 4 hours

The following are ESC LHIN's goals for improving emergency department (ED) length of stay (LOS):

Goal 1: Reduce ED demand by lowering the number of non-urgent cases and allowing emergency clinicians to focus on patients with critical needs.

The ESC LHIN is meeting the provincial targets for high acuity and is outperforming provincial targets for low acuity.

The current pay-for-results hospital has illustrated improvements, with 10% wait time reduction for high-acuity patients and similar improvements for low-acuity non-admitted patients.

Key activities in ESC LHIN to reduce ED LOS include:

- having low-acuity patients seen by nurse practitioners
- creating a new nurse practitioner-led clinic in Belle River
- linking unattached ED patients to primary care providers through the HDGH mental health referral program and Health Care Connect

Future opportunities for improving ED wait times should target LOS for high-acuity non-admitted patients.

Goal 2: Increase ED capacity and performance by improving triage and admission processes and reducing ambulance offload times, enabling emergency clinicians to provide more efficient care.

Key activities in ESC LHIN to further improve wait times include:

- sending nurse practitioner outreach teams to long-term care homes
- developing provincial-led efficiency and effectiveness programs, such as the ED Process Improvement Program, relying on LEAN and Six Sigma improvement processes
- enabling quicker access to diagnostic services
- improving patient flow in EDs

Aging at Home Year 2

Initiative	Site	Expenditure
Rehabilitation Team	Windsor Essex CHC	$738,910
Psychogeriatric Outreach Team	CKHA	$287,887
Psychogeriatric Outreach Team	CMHA Sarnia/Lambton Branch	$287,887
Psychogeriatric Resource Consultant Services Expansion	WRH	$119,137
GEM Nurse (2)	WRH	$146,250
GEM Nurse (2)	HDGH	$146,250
GEM Nurse (2)	LDMH	$146,250
GEM Nurse (2)	CKHA	$146,250
GEM Nurse (2)	BWH	$146,250
LTC Interim Beds at Malden Park	WRH	$1,600,000
Assisted Living	Chippewas of Kettle and Stony Point	$294,000
Congregate Dining	Aamjiwnaang First Nations Chippewas of Sarnia	$15,000
End-of-Life Team	CCAC (Chatham)	$588,750
Friendly Visits/Security Checks	Centres for Seniors Windsor	$16,500
Friendly Visits/Security Checks	Amherstburg Community Services	$10,463
Friendly Visits/Security Checks	Lakeshore Community Services	$15,000
Friendly Visits/Security Checks	Lambton Elderly Outreach Inc.	$15,000
Friendly Visits/Security Checks	South Essex Community Council Inc.	$15,000
Friendly Visits/Security Checks	VON Chatham and Sarnia	$30,000
Friendly Visits/Security Checks	Family Counselling Centre	$15,000
Home Maintenance	Family Service Kent	$52,500
Home Maintenance	Lakeshore Community Services	$28,875
Home Maintenance	Centres for Seniors Windsor	$31,500
Home Maintenance	South Essex Community Council Inc.	$52,500
Home Maintenance	Lambton Elderly Outreach Inc.	$52,500
Home Maintenance	Grand Bend CHC	$52,500
Home Maintenance	Bkejwanong Territory, Ojibways of Walpole Island	$27,975
Day programs (Clinician Education)	Alzheimer Society of Windsor and Essex County	$15,000
Day programs (Respite)	Alzheimer Society of Windsor and Essex County	$24,000
Day programs	Chippewas of Kettle and Stony Point	$61,500
Day programs	Brain Injury Association of Chatham-Kent	$68,698

Aging at Home Year 2 (continued)

Initiative	Site	Expenditure
Emergency Response	Leamington United Mennonite Home and Apartments	$45,000
Transitional Care Planning for LTC Residents	Citizen Advocacy Windsor/Essex	$49,313
Transitional Care Planning for LTC Residents	Family Service Kent	$49,313
Transitional Care Planning for LTC Residents	Lambton Elderly Outreach	$49,313
Roho Cushions	CCAC (ESC LHIN-wide)	$24,300
Daily Life Skills Program	CNIB (Windsor)	$90,830
Mobility Monitors	Alzheimer Society (ESC LHIN-wide)	$5,000
Interim Complex Continuing Care (CCC) Beds (Intermediate Care)	BWH (Petrolia site)	$75,670
Interim Complex Continuing Care (CCC) Beds (Intermediate Care)	LDMH	$900,000
Chronic Pain Management	CKHA	$180,000
Approved Total for Aging at Home Year 2		**$6,716,071**

Urgent Priorities Fund

The ESC LHIN received an allocation of $2.5 million from the MOHLTC to be directed, at the discretion of the ESC LHIN, toward urgent priorities. A total of 19 programs were approved as one-time expenditures. The funding allocations were divided into two categories: ALC ($1.6M) and community-based program funding ($900,000).

Initiative	Expenditures
Watford CHC satellite office	$191,000
Hôtel-Dieu Grace Hospital (HDGH) Psychiatric Assessment Team	$450,000
Lambton County transitional care beds	$22,050
Charlotte Eleanor Englehart Hospital Complex Continuing Care (CCC) beds	$400,000
Chatham-Kent transitional care beds	$100,000
Chronic care transitional beds at HDGH	$340,000
Lambton County transitional care beds	$70,600
Malden Park long-term care (LTC) beds	$170,000
Community Health Centre review	$30,000
Utilizing management software as part of ESC LHIN's contribution to a province-wide software initiative	$200,000
Erie St. Clair Community Care Access Centre (ESC CCAC) operational review	$250,000
Windsor/Essex hospitals diagnostic imaging	$20,000
Project management lead for eHealth Ontario	$50,000
Companion transport program brochure for the Sarnia/Lambton area	$7,350
ESC and Southwest LHINs joint Aboriginal staff member	$55,000
Transporting dialysis patients to dialysis centre at HDGH	$12,000
Transition costs for adult mental health patients in Sarnia/Lambton area	$41,470
ED/critical care lead administrative assistant at HDGH	$35,000
Integration of Tecumseh Seniors Transportation with Lakeshore Community Services	$76,300

Operational Performance

The ESC LHIN has completed its third year of full funding authority for all 88 health service providers that fall under the ESC LHIN's mandate. The funding is detailed in the statement of financial activities. The fiscal year resulted in a balanced position, as expected. The ESC LHIN received additional funding from the MOHLTC for specific projects, including the continuation of the Erie St. Clair ehealth strategy, the contracting of an emergency department lead, and funding for Aboriginal engagement.

Three individuals serve the ESC LHIN as representatives in key areas as directed by the MOHLTC. Dr. Eli Malus continued in the role of the Critical Care Lead, and Dr. David Ng continued as the Emergency Department Lead. For the first half of 2009–2010, Paul Audet was the ESC LHIN ehealth Lead and Chief Information Officer for Consolidated Health Information Services (CHIS). The second half of the year saw Steven Banyai assume this role, while Paul Audet moved to a new role within CHIS.

Board of Directors

Director	Position	Location	Tenure
 Mina Grossman-Ianni	Chair	Amherstburg	June 1/05 – May 31/08 Resigned/Revoked December 13/06 April 2/08 – April 1/11 (Re-appointment)
 David Wright	Vice Chair	Forest	June 1/05 – May 31/08 (Director) May 17/06 – May 31/08 (Vice Chair) August 16/06 – April 1/08 (Acting Chair) June 02/08 – June 1/11 (Director and Vice Chair) (Re-appointment)
 Michael Hurry	Director/Member	Sarnia	January 5/06 – February 4/07 August 16/06 – April 1/08 (Acting Vice Chair) February 5/07 – February 2/10 (Re-appointment)
 Leland J. Martin	Director/Member	Petrolia	January 5/06 – January 4/08 January 5/08 – January 4/11 (Re-appointment)
 Gary Parent	Director/Member	LaSalle	May 17/06 – May 16/08 May 17/08 – May 16/11 (Re-appointment)
 Howard Pawley	Director/Member	Windsor	May 17/06 – June 16/07 Amended (Name correction) June 17/07 – June 16/10 (Re-appointment)
 Renée Moison	Director/Member	Morpeth	September 20/06 – September 19/09
 Lynn McGeachy Schultz	Director/Member	Chatham	January 10/08 – January 9/11
 Merilyn Allison	Director/Member	Chatham	January 13/10 – January 12/13
	Vacant		

Financial statements of

Erie St. Clair Local Health Integration Network

March 31, 2010

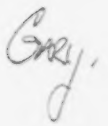
Management Responsibility Report

The management of the Erie St. Clair Local Health Integration Network (LHIN) is responsible for preparing the accompanying financial statements in conformity with generally accepted accounting principles. In preparing these financial statements, management selects appropriate accounting policies and uses its judgement and best estimates to report events and transactions as they occur. Management has determined such amounts on a reasonable basis in order to ensure that the financial statements are presented fairly, in all material respects. Financial data included throughout this Annual Report is prepared on a basis consistent with that of the financial statements.

The LHIN maintains a system of internal accounting controls designed to provide reasonable assurance, at a reasonable cost, that assets are safeguarded and that transactions are executed and recorded in accordance with the LHIN's policies for doing business.

The Board of Directors is responsible for ensuring that management fulfills its responsibility for financial reporting and internal control, and is ultimately responsible for reviewing and approving the financial statements. The Board carries out this responsibility principally through its Audit Committee. The Committee meets approximately four times annually to review audited and unaudited financial information. Deloitte & Touche LLP has full and free access to the Audit Committee.

Management acknowledges its responsibility to provide financial information that is representative of the LHIN's operations, is consistent and reliable, and is relevant for the informed evaluation of the LHIN's activities.



Mr. Gary Switzer
Chief Executive Officer

Mr. Matthew Little, CMA
Controller & Business Support Manager

April 30, 2010

Erie St. Clair Local Health Integration Network

March 31, 2010

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Auditors' Report

To the Members of the Board of Directors of the
Erie St. Clair Local Health Integration Network

We have audited the statement of financial position of the Erie St. Clair Local Health Integration Network (the "LHIN") as at March 31, 2010 and the statements of financial activities, changes in net debt and cash flows for the year then ended. These financial statements are the responsibility of the LHIN's management. Our responsibility is to express an opinion on these financial statements based on our audit.

We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we plan and perform an audit to obtain reasonable assurance whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation.

In our opinion, these financial statements present fairly, in all material respects, the financial position of the Erie St. Clair Local Health Integration Network as at March 31, 2010 and the results of its operations, its changes in its net debt and its cash flows for the year then ended, in accordance with Canadian generally accepted accounting principles.

Deloitte & Touche LLP

Chartered Accountants
Licensed Public Accountants
April 30, 2010

Erie St. Clair Local Health Integration Network

Statement of financial position
as at March 31, 2010

	2010	2009
	$	$
Financial assets		
Cash	**604,779**	680,448
Due from Ministry of Health and Long-Term Care ("MOHLTC") (Note 7)	**3,299,486**	580,600
Due from the LHIN Shared Services Office (Note 3)	**5,000**	-
	3,909,265	1,261,048
Liabilities		
Accounts payable and accrued liabilities	**607,213**	680,356
Due to MOHLTC (Note 10b)	**14,913**	14,913
Due to Health Service Providers ("HSPs") (Note 7)	**3,299,486**	580,600
Due to the LHIN Shared Services Office (Note 3)	**-**	17,179
Deferred capital contributions (Note 4)	**64,604**	288,582
	3,986,216	1,581,630
Commitments (Note 13)		
Net debt	**(76,951)**	(320,582)
Non-financial assets		
Prepaid expenses	**12,347**	32,000
Capital assets (Note 5)	**64,604**	288,582
Accumulated surplus	**-**	-

Approved by the Board

Director

Director

Erie St. Clair Local Health Integration Network

Statement of financial activities
year ended March 31, 2010

	Budget (unaudited) (Note 6)	2010 Actual	2009 Actual
	$	$	$
Revenue			
MOHTLC funding			
HSP transfer payments (Note 7)	**939,429,200**	**952,882,369**	916,693,635
Operations of LHIN	**4,211,200**	**4,388,226**	4,154,629
E-Health (Note 9a)	**600,000**	**600,000**	425,000
Aboriginal Health Transformation Fund (Note 9b)	-	**126,500**	-
Diabetes Fund	-	**25,000**	-
French Language Services Fund	-	**36,942**	-
Emergency Department Lead (Note 9c)	-	**75,000**	75,000
Amortization of deferred capital contributions (Note 4)	-	**230,825**	228,576
	944,240,400	**958,364,862**	921,576,840
Expenses			
Transfer payments to HSPs (Note 7)	**939,429,200**	**952,882,369**	916,693,635
General and administrative (Note 8)	**4,211,200**	**4,619,051**	4,383,205
E-Health (Note 9a)	**600,000**	**600,000**	425,000
Aboriginal Health Transformation Fund (Note 9b)	-	**126,500**	-
Diabetes Fund	-	**25,000**	-
French Language Services Fund	-	**36,942**	-
Emergency Department Lead (Note 9c)	-	**75,000**	60,087
	944,240,400	**958,364,862**	921,561,927
Annual surplus before funding repayable to the MOHLTC	-	-	14,913
Funding repayable to the MOHLTC (Note 10)	-	-	(14,913)
Annual surplus	-	-	-
Opening accumulated surplus	-	-	-
Closing accumulated surplus	-	-	-

Erie St. Clair Local Health Integration Network

Statement of changes in net debt
year ended March 31, 2010

	Budget (unaudited) (Note 6)	2010 Actual	2009 Actual
	$	$	$
Annual surplus	-	-	-
Prepaid expenses incurred (applied)	-	19,653	(32,000)
Acquisition of capital assets	-	(6,847)	(89,919)
Amortization of capital assets	-	230,825	228,576
Decrease in net debt	-	243,631	106,657
Opening net debt	-	(320,582)	(427,239)
Closing net debt	-	(76,951)	(320,582)

Erie St. Clair Local Health Integration Network

Statement of cash flows
year ended March 31, 2010

	2010	2009
	$	$
Operating transactions		
Annual surplus	-	-
Less items not affecting cash		
Amortization of capital assets	230,825	228,576
Amortization of deferred capital contributions (Note 4)	(230,825)	(228,576)
	-	-
Changes in non-cash operating items		
(Increase) decrease in due from MOHLTC	(2,718,886)	599,130
(Increase) decrease in accounts receivable	(5,000)	8,005
(Decrease) increase in accounts payable and accrued liabilities	(73,143)	203,313
Decrease in due to MOHLTC	-	(120,338)
Increase (decrease) in due to HSPs	2,718,886	(599,130)
(Decrease) increase in due to LHIN Shared Services Office	(17,179)	5,335
Increase (decrease) in prepaid expenses	19,653	(32,000)
	(75,669)	64,315
Capital transactions		
Acquisition of capital assets	(6,847)	(89,919)
Financing transactions		
Increase in deferred capital contributions (Note 4)	6,847	89,919
Net (decrease) increase in cash	(75,669)	64,315
Cash, beginning of year	680,448	616,133
Cash, end of year	604,779	680,448

1. Description of business

The Erie St. Clair Local Health Integration Network was incorporated by Letters Patent on June 2, 2005 as a corporation without share capital. Following Royal Assent to Bill 36 on March 28, 2006, it was continued under the Local Health System Integration Act, 2006 (the "Act") as the Erie St. Clair Local Health Integration Network (the "LHIN") and its Letters Patent were extinguished. As an agent of the Crown, the LHIN is not subject to income taxation.

The LHIN is, and exercises its powers only as, an agent of the Crown. Limits on the LHIN's ability to undertake certain activities are set out in the Act.

The LHIN has also entered into an Accountability Agreement with the Ministry of Health and Long Term Care ("MOHLTC"), which provides the framework for LHIN accountabilities and activities.

Commencing April 1, 2007, all funding payments to LHIN managed health service providers in the LHIN geographic area, have flowed through the LHIN's financial statements. Funding allocations from the MOHLTC are reflected as revenue and an equal amount of transfer payments to authorized Health Service Providers ("HSPs") are expensed in the LHIN's financial statements for the year ended March 31, 2010.

The mandates of the LHIN are to plan, fund and integrate the local health system within its geographic area. The LHIN spans carefully defined geographical areas and allows for local communities and health care providers within the geographical area to work together to identify local priorities, plan health services and deliver them in a more coordinated fashion. The LHIN covers the Municipalities of Essex, Lambton and Chatham-Kent. The LHIN enters into service accountability agreements with service providers.

2. Significant accounting policies

The financial statements of the LHIN are the representations of management, prepared in accordance with Canadian generally accepted accounting principles for governments as established by the Public Sector Accounting Board ("PSAB") of the Canadian Institute of Chartered Accountants ("CICA") and, where applicable, the recommendations of the Accounting Standards Board ("AcSB") of the CICA as interpreted by the Province of Ontario. Significant accounting policies adopted by the LHIN are as follows:

Basis of accounting

Revenues and expenses are reported on the accrual basis of accounting. The accrual basis of accounting recognizes revenues in the fiscal year that the events giving rise to the revenues occur and they are earned and measurable; expenses are recognized in the fiscal year that the events giving rise to the expenses are incurred, resources are consumed, and they are measurable.

Through the accrual basis of accounting, expenses include non-cash items, such as the amortization of capital assets and losses in the value of assets.

Ministry of Health and Long-Term Care Funding

The LHIN is funded solely by the Province of Ontario in accordance with the Ministry LHIN Accountability Agreement ("MLAA"), which describes budget arrangements established by the MOHLTC. These financial statements reflect agreed funding arrangements approved by the MOHLTC. The LHIN cannot authorize an amount in excess of the budget allocation set by the MOHLTC.

The LHIN assumed responsibility to authorize transfer payments to HSPs, effective April 1, 2007. The transfer payment amount is based on provisions associated with the respective HSP Accountability Agreement with the LHIN. Throughout the fiscal year, the LHIN authorizes and notifies the MOHLTC of the transfer payment amount; the MOHLTC, in turn, transfers the amount directly to the HSP. The cash associated with the transfer payment does not flow through the LHIN bank account.

The LHIN financial statements do not include any MOHLTC managed programs.

2. Significant accounting policies (continued)

Government transfer payments

Government transfer payments from the MOHLTC are recognized in the financial statements in the year in which the payment is authorized and the events giving rise to the transfer occur, performance criteria are met, and reasonable estimates of the amount can be made.

Certain amounts, including transfer payments from the MOHLTC, are received pursuant to legislation, regulation or agreement and may only be used in the conduct of certain programs or in the completion of specific work. Funding is only recognized as revenue in the fiscal year the related expenses are incurred or services performed. Unspent amounts are recorded as payable to the MOHLTC at period end. In addition, certain amounts received are used to pay expenses for which the related services have yet to be performed.

Deferred capital contributions

Any amounts received that are used to fund expenses that are recorded as capital assets, are recorded as deferred capital contributions and are recognized as revenue over the useful life of the asset reflective of the provision of its services. The amount recorded under "revenue" in the Statement of financial activities, is in accordance with the amortization policy applied to the related capital asset recorded.

Cash

Cash includes cash on hand and balances with banks, net of bank overdrafts.

Capital assets

Capital assets are recorded at historic cost. Historic cost includes the costs directly related to the acquisition, design, construction, development, improvement or betterment of capital assets. The cost of capital assets contributed is recorded at the estimated fair value on the date of contribution. Fair value of contributed capital assets is estimated using the cost of asset or, where more appropriate, market or appraisal values. Where an estimate of fair value cannot be made, the capital asset would be recognized at nominal value.

Maintenance and repair costs are recognized as an expense when incurred. Betterments or improvements that significantly increase or prolong the service life or capacity of a capital asset are capitalized. Computer software is recognized as an expense when incurred.

Capital assets are stated at cost less accumulated amortization. Capital assets are amortized over their estimated useful lives as follows:

Office equipment	5 years straight-line method
Computer equipment	3 years straight-line method
Leasehold improvements	Life of lease straight-line method

For assets acquired or brought into use during the year, amortization is provided for a full year.

Segment disclosures

The LHIN was required to adopt Section PS 2700 - Segment Disclosures, for the fiscal year beginning April 1, 2007. A segment is defined as a distinguishable activity or group of activities for which it is appropriate to separately report financial information. Management has determined that existing disclosures in the Statement of financial activities and within the related notes for both the prior and current year sufficiently discloses information of all appropriate segments and, therefore, no additional disclosure is required.

2. Significant accounting policies (continued)

Use of estimates

The preparation of financial statements in conformity with Canadian generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amount of assets and liabilities, the disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

3. Related party transactions

The LHIN Shared Services Office (the "LSSO") is a division of the Toronto Central LHIN and is subject to the same policies, guidelines and directives as the Toronto Central LHIN. The LSSO, on behalf of the LHINs is responsible for providing services to all LHINs. The full costs of providing these services are billed to all the LHINs. Any portion of the LSSO operating costs overpaid (or not paid) by the LHINs at the year end is recorded as a receivable (payable) from (to) the LSSO. This is all done pursuant to the shared service agreement the LSSO has with all the LHINs.

The LHIN Collaborative (the "LHINC") was formed in fiscal 2010 to strengthen relationships between and among health service providers, associations and the LHINs, and to support system alignment. The purpose of LHINC is to support the LHINs in fostering engagement of the health service provider community in support of collaborative and successful integration of the health care system; their role as system manager; where appropriate, the consistent implementation of provincial strategy and initiatives; and the identification and dissemination of best practices. LHINC is a LHIN-led organization and accountable to the LHINs. LHINC is funded by the LHINs with support from the MOHLTC.

4. Deferred capital contributions

	2010	2009
	$	$
Balance, beginning of year	**288,582**	427,239
Capital contributions received during the year	**6,847**	89,919
Amortization for the year	**(230,825)**	(228,576)
Balance, end of year	**64,604**	288,582

5. Capital assets

	Cost	Accumulated amortization	2010 Net book value	2009 Net book value
	$	$	$	$
Office equipment	**472,326**	**467,914**	**4,412**	98,877
Computer equipment	**64,765**	**42,030**	**22,735**	33,663
Leasehold improvements	**592,923**	**555,466**	**37,457**	156,042
	1,130,014	**1,065,410**	**64,604**	288,582

6. Budget figures

The budgets were approved by the Government of Ontario. The budget figures reported in the Statement of financial activities reflect the initial budget at April 1, 2009. The figures have been reported for the purposes of these statements to comply with PSAB reporting requirements. During the year the government approved budget adjustments. The following reflects the adjustments for the LHIN during the year:

HSP funding

	$
Initial budget	939,429,200
Adjustment due to announcements made during the year	13,453,169
Final HSP funding budget	952,882,369

LHIN operations

	$
Initial budget	4,811,200
Additional funding received during the year	678,140
Amount treated as capital contributions made during the year	(6,847)
Final LHIN operations budget	5,482,493

7. Transfer payments to HSPs

The LHIN has authorization to allocate funding of $952,882,369 (2009 - $916,693,635) to various HSPs in its geographic area. The LHIN approved transfer payments to various sectors in 2010 as follows:

	2010	2009
	$	$
Operation of hospitals	612,202,122	589,523,534
Health infrastructure renewal fund - hospitals	2,150,982	-
Grants to compensate for municipal taxation - public hospitals	163,650	163,650
Long-term care homes	158,614,357	155,298,877
Community care access centres	105,344,964	100,204,704
Community support services	14,634,806	14,051,215
Assisted living services in supportive housing	5,293,339	5,301,449
Community health centres	17,794,278	16,418,894
Community mental health addictions programs	9,080,273	8,843,513
Community mental health programs	27,603,598	26,887,799
	952,882,369	916,693,635

The LHIN receives money from the MOHLTC and in turn allocates it to the HSPs. As at March 31, 2010, an amount of $3,299,486 (2009 - $580,600) was receivable from the MOHLTC and payable to the HSPs. These amounts have been reflected as revenue and expenses in the statement of financial activities and are included in the table above.

8. General and administrative expenses

The Statement of financial activities presents the expenses by function. The following classifies general and administrative expenses by object:

	2010	2009
	$	$
Salaries and benefits	**2,958,376**	2,583,019
Occupancy	**217,512**	307,344
Amortization	**230,825**	228,576
Shared services	**362,714**	300,000
Public relations	**43,336**	37,501
Consulting services	**277,231**	317,282
Supplies	**33,141**	54,943
Board Chair per diems	**54,075**	41,825
Board member per diems	**64,450**	68,725
Board member expenses	**127,811**	119,582
Mail, courier and telecommunications	**62,072**	50,803
LHIN Collaborative	**12,286**	-
Other	**175,222**	273,605
	4,619,051	4,383,205

9. a) E-Health

The E-Health office of the Ministry of Health and Long-Term Care provided $600,000 (2009 - $425,000) to the LHIN. The LHIN had a contract and retained services of the Consolidated Health Information Services ("CHIS") during 2010 and 2009 for the entire allotment of funding.

b) Aboriginal Health Transformation Fund

The MOHLTC provided the LHIN with $126,500 (2009 – nil) directed from the Federal Government to be used in engaging the aboriginal communities for both the Southwest and Erie St. Clair LHINs. Both LHINs directed a portion of the funds to engage their respective aboriginal populations and gather and interpret information, while developing plans for their health care. All funds were expended.

c) Emergency Department Lead

The MOHLTC provided the LHIN with $75,000 (2009 - $75,000) to hire a LHIN representative for emergency department planning. Dr. David Ng incurred operating expenses totaling $75,000 (2009 - $60,087).

10. Funding repayable to the MOHLTC

In accordance with the MLAA, the LHIN is required to be in a balanced position at year end. Thus, any funding received in excess of expenses incurred, is required to be returned to the MOHLTC.

a) The amount repayable to the MOHLTC related to current year activities is made up of the following components:

	Revenue	Expenses	2010 surplus	2009 surplus
	$	$	$	$
Transfer payments to HSPs	**952,882,369**	**952,882,369**	-	-
LHIN operations	**4,619,051**	**4,619,051**	-	-
E-Health	**600,000**	**600,000**	-	-
Aboriginal Health Transformation	**126,500**	**126,500**	-	-
Diabetes Fund	**25,000**	**25,000**	-	-
French Language Services Fund	**36,942**	**36,942**	-	-
Emergency Department Lead	**75,000**	**75,000**	-	14,913
	958,364,862	**958,364,862**	-	14,913

b) The amount due to the MOHLTC at March 31 is made up as follows:

	2010	2009
	$	$
Due to MOHTLC, beginning of year	**14,913**	135,251
Funding repayable to the MOHLTC related to current year activities (Note 10a)	-	14,913
Amounts repaid to MOHLTC during the year	-	(135,251)
Due to MOHLTC, end of year	**14,913**	14,913

11. Pension agreements

The LHIN makes contributions to the Hospitals of Ontario Pension Plan ("HOOPP"), which is a multi-employer plan, on behalf of approximately 24 members of its staff. The plan is a defined benefit plan, which specifies the amount of retirement benefit to be received by the employees, based on the length of service and rates of pay. The amount contributed to HOOPP for fiscal 2010 was $201,003 (2009 - $163,524) for current service costs and is included as an expense in the Statement of financial activities. The last actuarial valuation was completed for the plan in December 31, 2009. At that time, the plan was fully funded.

12. Guarantees

The LHIN is subject to the provisions of the *Financial Administration Act*. As a result, in the normal course of business, the LHIN may not enter into agreements that include indemnities in favour of third parties, except in accordance with the *Financial Administration Act* and the related Indemnification Directive.

An indemnity of the Chief Executive Officer was provided directly by the LHIN pursuant to the terms of the *Local Health System Integration Act, 2006* and in accordance with s. 28 of the *Financial Administration Act*.

13. Commitments

The LHIN has funding commitments to health service providers associated with accountability agreements. Minimum commitments to HSP are based on the current accountability agreements, are as follows:

	$
2011	655,144,847

The actual payments which will be made in 2011 are contingent upon the LHIN receiving anticipated levels of funding from the MOHLTC.

The LHIN also has commitments under various operating leases related to building and equipment. Lease renewals are likely. Minimum lease payments due in each of the next two years are as follows:

	$
2011	100,977
2012	18,379

Erie St. Clair **LHIN**

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